



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645

512-804-4812 telephone • 512-804-4811 fax • www.tdi.texas.gov

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

MMC OF EAST TEXAS
201 LAKE WOODLANDS DR STE 4024
THE WOODLANDS TX 77380

DWC Claim #:
Injured Employee:
Date of Injury:
Employer Name:
Insurance Carrier #:

Respondent Name

SENTRY INSURANCE A MUTUAL CO

Carrier's Austin Representative Box

Box Number 19

MFDR Tracking Number

M4-12-3698-01

MFDR Date Received

AUGUST 27, 2012

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary dated August 15, 2012: "For these causes, the Requestor asks that Medical Fee Dispute Resolution issue a Findings and Decision that Memorial Medical Center of East Texas is entitled to reimbursement for the services discussed herein, as well as all fees, interest and any other relief to which Memorial Medical Center of East Texas may be justly entitled."

Letter dated January 24, 2012: [Injured worker} (hereinafter Claimant) presented at and was treated by the Memorial Healthcare Systems of East Texas on the Date of 08/18/2011. At that time, the Claimant provided information regarding the identity of the employer, but failed to provide information regarding the identity of the workers' compensation carrier. In absence of this information, the Claimant's employer was errantly billed directly. Memorial Healthcare Systems of East Texas was informed of the workers' compensation payer on or about the date of 12/07/2011."

Amount in Dispute: \$5,796.05

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "This dispute concerns charges for service date August 18, 2011. Requestor's DWC-60 is stamped as received by the Division on August 27, 2012. A provider must request medical dispute resolution on a fee issue or a retrospective medical necessity review within one year of the date of service. 28 TAC 133.307(c)(1)... Requestor's bills for the service date August 18, 2011, were properly denied as the bill was not correctly submitted within 95 days of the date of service. The bill was initially submitted to the Carrier on December 14, 2011. Texas Labor Code section 408.027 (a) and 28 TAC 133.20(b) require that a health care provider submit its bill to the carrier no later than the 95th day after the date of service and that the carrier is not liable for bills presented after that period, unless certain exceptions set out in Labor Code Section 408.0272 apply. None of those exceptions are applicable to this case. Requestor asserts that it erroneously billed the employer for these services in the absence of correct information as to the workers' compensation carrier. Submission of bill to the employer is not one of the enumerated exceptions to the billing time limit set out in Labor Code Section 408.0272(b). Further, Requestor has not included proof of billing of these services within 95 days to any entity."

Response Submitted by: Flahive, Ogden & Latson, PO Drawer 201329, Austin, TX 78720

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
August 18, 2011	Outpatient Emergent Care	\$5,796.05	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for health care providers to pursue a medical fee dispute.
2. 28 Texas Administrative Code §133.20 sets out the procedures for health care providers to submit workers' compensation medical bills for reimbursement.
3. 28 Texas Administrative Code §102.4 sets out the rules for non-Commission communications.
4. Texas Labor Code §408.027 sets out the rules for timely submission of a claim by a health care provider.
5. Texas Labor Code §408.0272 sets out the rules for certain exceptions for untimely submission of a claim by a health care provider.
6. The services in dispute were reduced/denied by the respondent with the following reason codes:
 - 29 – The time limit for filing has expired.
 - 200 – Per 134.801, a medical bill shall not be submitted later than the 1st day of the 11th month (<08/31/05) or 95 days (>09/01/05) after DOS.
 - 683 – This allowance has been reduced in accordance with the Medicare Guidelines concerning the quality data reporting program.
 - W1 – Workers' Compensation jurisdictional fee schedule adjustment. No allowance change.

Issues

1. Did the requestor filing the request for Medical Fee Dispute Resolution timely?
2. What is the timely filing deadline applicable to the medical bills for the services in dispute?
3. Did the requestor forfeit the right to reimbursement for the services in dispute?

Findings

1. In accordance with 28 Texas Administrative Code §133.307(c)(1) a requestor shall timely file with the Division's MDR Section or waive the right to MDR. The Division shall deem a request to be filed on the date the MDR Section receives the request. A request may be filed later than one year after the dates(s) of service if a related compensability, extent of injury, or liability dispute under Labor Code Chapter 410 has been filed, the medical fee dispute shall be filed not later than 60 days after the date the requestor receives the final decision, inclusive of all appeals, on compensability, extent of injury, or liability. The disputed date of service was August 18, 2011, the request for medical fee dispute resolution was received on August 27, 2012; therefore, the dispute was not filed within the one year filing deadline.
2. 28 Texas Administrative Code §133.20(b) states, in pertinent part, that, except as provided in Texas Labor Code §408.0272, "a health care provider shall not submit a medical bill later than the 95th day after the date the services are provided." No documentation was found to support that any of the exceptions described in Texas Labor Code §408.0272 apply to the services in this dispute. For that reason, the requestor in this dispute was required to submit the medical bill not later than 95 days after the date the disputed services were provided.
3. Texas Labor Code §408.027(a) states, in pertinent part, that "Failure by the health care provider to timely submit a claim for payment constitutes a forfeiture of the provider's right to reimbursement for that claim for payment." 28 Texas Administrative Code §102.4(h) states that "Unless the great weight of evidence indicates otherwise, written communications shall be deemed to have been sent on: (1) the date received, if sent by fax, personal delivery, or electronic transmission or, (2) the date postmarked if sent by mail via United States Postal Service regular mail, or, if the postmark date is unavailable, the later of the signature date on the written communication or the date it was received minus five days. If the date received minus five days is a Sunday or legal holiday, the date deemed sent shall be the next previous day which is not a Sunday or legal holiday." Review of the submitted information finds no documentation to support that a medical bill was submitted within 95 days from the date the services were provided. Therefore, pursuant to Texas Labor Code §408.027(a), the requestor in this medical fee dispute has forfeited the right to reimbursement due to untimely submission of the

medical bill for the services in dispute.

Conclusion

For the reasons stated above, the division finds that the requestor has not established that reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

_____ Signature	_____ Medical Fee Dispute Resolution Officer	_____ July 24, 2012
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YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, *37 Texas Register 3833*, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.